TRAVEL EXEMPTION FORM

Date:	Agency:		
Employee Requesting Exemption:			
(Last Name)	(First Name)	(Middle Initial)
Driver's License Number:			
Agency Address:			
Agency Address:	(Street Add	lress/City/State/Zip Code)	
Agency Phone Number:			
Travel Reimbursement Rate Reques	ted:		
Make and Model of Vehicle:			
Vehicle License Plate Number:			
Documentation: Vehicle Operations Costs:			
(If requesting above establi	ished rate)		
Approved Rate:			
Name & Title of Employee:			
Name & Title of Supervisor:			
Signature of Employee		(Date)	
Signature of Supervisor		(Date)	

Explanation:
The employee/agency must attach the Travel Exemption Form to the travel voucher and submit it to the State Auditor for reimbursement. (State Auditor's Office, 500 E. Capitol Ave, Suite 209, Pierre, SD 57501)